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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/461,886 04/11/2003 OK H.F.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE H.F.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowed Examiner's Signature: <i>Manuel Aguiar N.F.</i> Initials:	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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TITLE  
 Mobile care framework

FILING FEE  RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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